CAUSE

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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis C	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	1		
Other contributory causes of importance:	-	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state

Exact statement of OCCUPA-

properly classified.

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

1	. PLACE O	F DEA	ТН					
	County	Kent				Registration Dist. No. 200		
						No. St., f death occurred in a hospital or institution, give its NAME instead of street and number	Ward	
						f death occurred in a hospital or institution, give its NAME instead of street and numb ss. How long in U.S. if of foreign birth?yrsmos		
2	. FULL NA	ME			Betz	If U. S. Veteran, specify WAR		
	(a) Residen					St., Ward.		
-	PERSON	IAL AN	DSTATIST	(Usualplace		If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH	e	
3.	SEX		R OR RACE		RRIED, WIOOWED,	21. DATE OF DEATH		
	female		ite		ED (write the word)	May 8 19	3 7	
5a.	If married, widow HUSBANO of	ed, or divo	rced	F			(Yeer)	
	(or) WIFE of					22. I HEREBY CERTIFY, That I attended dece	eased from	
	ATE OF BIRTH	/		for 0 10	27	I last saw a live on 1907 to 22 to 1907 to 190		
-	AGE Yea		Months	lay 8, 19	If LESS than	to have occurred on the date stated ebove, et 12.30 Å.	3 3810	
					1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance		
NO	8. Trade, profes	ssion, or pa	articular as SPINNER, PER, etc			Date of State of Date		
OCCUPATION	9. Industry or	business in	which			-		
SUP	work was	s done, es 5	SILK MILL,					
000	10. Oate deceas this occu	petion (mo	rked at nth end	SD3	time (years) ent in this upation			
						Other Contributory Causes of Importance:		
12.	(State or cour			lena				
ER	13. NAME	John	n Betz					
FATHER	14. BIRTHPLACE	(city or to	Pa.			Name of operation Date of		
-	(State or				•	What test confirmed diegnosis? Was there an au'or	psy?	
HER	15. MAIOEN NA	ME (	Carrie St	nelton		23. If death was due to external causes (VIOLENCE) fill in also the following:		
MOTHER			wn)	dd.		Accident, suicide, or homicide?Oate of injury, 19		
17. INFORMANT		Where did injury occur?						
18.	(Address) BURIAL, CREMAT	TION, OR F	REMOVAL			Manner of Injury		
PlaceDate,19		Nature of Injury						
19	UNOERTAKER					24. Was disease or injury in any way related to occupation of deceased?		
	(Address)					If so, specify		
20,	FILED		19		1242		M. D.	
Y "	COLOCALE	REGIS	BAR NOP	KIN UNIE	Registrar.	(Address) - Mallangles My	9	

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B.-WRITE PL

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Example I	or other many and	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal care of with and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		10	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

See instructions on back of certificate.

TION is very important.

	CERTIFICATE OF DEATH 5532
1. PLACE OF DEATH	
County Lecyl	Registration Dist. No. 202
Village or City Lent verneenly Marghin	T No. La Seriou M St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residance in city or fown where death occurredwrsmos	
P. H.	Dower
(a) Residence: No. Jynch M	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX/ 4. COLOR OR RACE   5. SINGLE MARRIED WIDOWED	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH MAY 1937.
5a. If marriad, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY. That I attended daceased from
6. DATE OF BIRTH (month, day, and year) ( ctater) 6-th 1861	Wast saw h 27 aliva on May 19 1937 death is said
7. AGE Years   Months   Days   If LESS than	to have occurred on the date stated above, at 9 m.
76 7 13 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
8. Trada, profassion, or particular kind of work dona, as SPINNER.	A CONTROL OF THE
SAWYER, BOOKKEEPER, etc.	Cardio Cleual 1936
9. Industry or business in which work was dona, as SILK MILL,	
SAW MILL, BANK, etc	
Hilland	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME . Thrus Cowers  14. BIRTHPLACE (city or town) - phillippind	
4 14. BIRTHPLACE (city or town) - Afill pond	Name of operation
(State or country) (Sent St. 1 Md	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Lesson July	23. If death was due to external causes (VIOL ENCE) fill in also the following:
o 16. BIRTHPLACE (city or town). Willy and	Accident, suicide, or homicida? Oate of injury, 19
State or country) Theun to med	Whare did injury occur?
17. INFORMANT Mossinda Slarcher (Address) Canch med	(Specify city or town, county and State) Spacify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	
Place Statt Park Com., Date 5/22, 19 37	Manner of injury
600.1210.11	Natura of injury.
19. UNDERTAKER Calphy Healton	24. Was disaase or injury in any way ralated to occupation of occassed?
(Address) (Cleaterborny May)	If so, specify
20. FILED May St , 19 37 2V-J. Heeks	(Signad) Squal W Sullt M. D.
Registrar.	(Addrass) Childles book R. M.

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	Example I		Example II	PLUH
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	0 1037	1915	Attack of epilepsy	1 week ago
Chronic interstitial n	ephritis JUN 9 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 уеат
				-

# STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH		24
County / Leed-	3 4 5 <b>4</b> 4 4 4 4 4 4 6 6 6 6 6 6 6 6 6 6 6 6 6	Registration Dist. No. 204
Village or City Fairle	, (If	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where dea	th occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Marie	Elizabeth D	If U. S. Veteran, specify WAR
(a) Residence: No.	(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  August  Aug		21. DATE OF DEATH May 19, 193 7 (Month) (Dey) (Yeer)
5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY. Thet I attended deceased from  May 13 1932 to May 17 1932
6. DATE OF BIRTH (month, day, end yeer)	left 18 1933	I lest saw h alive on 22 12 1987; death is seid
7. AGE Yeers Months	Days  If LESS than  1 day,hrs.  ormin.	to heve occurred on the dete steted above, at
8 Trade profession or particular		Date olonset  Lakerardan Menneyloha 2
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		
10. Dete deceesed lest worked at this occupetion (month end yeer)	11. Total time (years) spent in this occupetion	
12. BIRTHPLACE (city or town)	Botton	Other Contributary Causes of importance:
1 1 money July	Cann	Internation for
13. NAME Jung 1.  14. BIRTHPLACE (city or lown) (State or country)	dy Bollom	Name of operation Date of Was there an eulopsy?
15. MAIDEN NAME Manie	lindsy	23. If death wes due to externel causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?
(Slete or country)	Co. manland	Where did injury occur?
17. INFORMANT Juny 1 Cann (Address) Fands tent to med		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OB REMOVAL Place Landy Bollom lim	Date May 20 , 1938	Menner of injury
19. UNDERTAKER	hilliams	24. Wes dicease or injury In any wey related to occupation of deceesed?
20. FILED May 19, 19 37 2	W. Suitle	(Signed) Frankl Fruitt M. D.

TION is very important.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

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	BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
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	PI	hou	OF	TION is very important. See instructions on back of certificate.
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	-WR	nati	CAU	[OI]
	B.	-		

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 5534
1. PLACE OF DEATH	(13)
County Henry	Registration Dist. No.
Village or City Mullington	No. St., Ward  If death occurred in a hospital or institution, give its NAME in lead of street and number)  sds. How long in U.S. if of foreign birth?
2. FULL NAME amelia Cooper	
(a) Residence: No(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (guille tha word)  William	21. DATE OF DEATH Muc. 19, 193 7 (Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and year) Nov. 20. 1873	22. I HEREBY CERTIFY, That I attended deceased from the control of
7. AGE Years 63 Months Days If LESS than 1 day,hrs orhrs	wera as follows:
8. Trade, profession, or particuler kind of work dona, es SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which	Chr. Myradidi 1933
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date daceasad last worked at this occupation (models of page 1) 11. Total time (years) spent in this occupation (state or country)  12. BIRTHPLACE (city or town) Co. Mills (State or country)	Other Cantributors Causes of Importance:  Other Cantributors Causes of Importance:  1928
13. NAME ELL Smith.  14. BIRTHPLACE (city or town) Cecil Cond.  (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Orie Johns 16. BIRTHPLACE (city or town) Karl Cv. Mel- (State or country)  17. INFORMANT Lillie Wilson Cy. (Address) 2 2 7 7 . 11 C 24 . my. Cty	23. If death was due to external causes (VIOLENCE) fill in elso tha following:  Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place milligton md. Data may. 221, 1937	Manner of injury
19. UNDERTAKER John G. John tan (Address) mellingtin. md.	24. Was disease or injury in any way related to occupation of deceasad?
20. FILED 5721 , 1933 he frie Registrar.	(Signed) Musel Brief M.  (Address) Mullington Ing.

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Example, I	4	Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:	War Tile	
Gallstones	May 1,1923	Gastroenteritis	1 year	

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-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS sho	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of C	
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1. PLACE OF DEA	ТН				3)			
County /		, ,		27/	/	Registratio	n Dist. No.	02
Village or City/	ul s / sp	kentow	eea Ulisi	death occur	red in a hospital or in	nstitution, give its NA!	ME instead of street	wald number)
Langth of residence in c	ity or town where da	ath occurrad			,	if of foreign birth?		
2. FULL NAME	Ba	chy (	rouch	1				
(a) Residence: No.	Gnee	Mes	C/	Cast!	tall Roll			
	/	(Usual place	OLO DE CONTRACTOR DE CONTRACTO				nt give city or town	
PERSONAL AN				24 DA		CERTIFICAT	E OF DEATH	1
halo h	A A RACE	OR DIVORCE	RIED, WIDOWED, D (qurite the word)	21. DA	TE OF DEAT	May	31	193 7
ia. If married, widowed, or dive	orced	Ang.	ec :			(Mopth)	(Day)	(Year)
HUSBAND of (or) WIFE of				22.	IHERE	BY CERTII	FY. That I attan	ded daceased from
	A					, 19, to		
5. DATE OF BIRTH (month, da 7. AGE Yaars	y, and yaar) Months	1100	1 1/1500					; death is said
. AGE Taars	Months	Days	If LESS than  1 day,hrs.	1		stated above, et/_ DEATH and ralated ca		
8. Trade, profassion, or p			ormin.	ware es	follows:			Oate of enset
kind of work done. SAWYER, BDOKKE	as SPINNER.				7116n	m/.		Man 31/27
9. Industry or business in work was done, as SAW MILL, BANK,	n which SILK MILL.						*	7-231-5/
SAW MILL, BANK,		II Total t	ime (yaars)	-				
this occupation (mo	onth end	\$p9	ntin this upation					
2. BIRTHPLACE (city or town)	Toluch	Tour	v	Dther Co	outributory Causes of	Importance:		
(State or country)	Cent-6	01- 20	d				d	
13. NAME File	on V	Esuc	K					
14. BIRTHPLACE (city or to	own) floor	- Hel	e	Name of	operetion		Date o	of
(State or country)	Lent.	Cu :	ned	What tast	confirmed diagnosis	3?	Was there	an autopsy?
15. MAIDEN NAME	ce eliga	elle !	elsox	23. If deat	h was due to axtarne	el causas (VIOLENCE)	fill in also the follo-	wing:
16. BIRTHPLACE (city or to	own)	( Na	L			?	. Date of injury	, 19
(State or country)	1000	(N.	me		d injury occur?	(Specify city	or town, county and	State)
7. INFORMANT	gloca /V	year	in	Specify w	vhether injury occurr	ed in INDUSTRY, In I	HOME, or in PUBLIC	PLACE.
8. BURIAL, CREMATION OR I		20		Mennar	of injury			
Placa Sh Vaul	5 tentlo2	Dete Ma	4.3/ ,19.3.7					
9. UNOERTAKER	alloni (	rough	- /			ny way ralatad to occi		
(Addrass)	Evele 2	all	me	If so, spe			/	
0. FILED May 3/,	19.3.7	W.T.	1 fects	(Sign	nad Isaul	CU In	uth	
1	,		Registrar.	1	(Addrass)	estertero	W	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JUN 3 1937			
Other contributory causes of importance: S.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FU	RTHER STATEMENTS	BY	PHYSICIAN
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item of infor-

of Occupa.

STATE OF MARYLAND—	CERTIFICATE OF DEATH	36
County: Kny	Registration Dist. No.	
(11. 11 00 B (20		100 1
Village or City Land Land John John	No. St., death occurred in n hospital or institution, give its NAME instead of street and number	Ward
Length of rasidenca in city or town where death occurredyrsmos.		
2. FULL NAME Ger 9. Grove	P	
	A	
(a) Residence: No. (Usual pace of abode)	St., Ward.  If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
OR DIVORCED (write the word)	ms 5 193	7
5a. If marriad, widowad, or divorced	(Month) (Day)	(Yaar)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended decea	ased from
(or) WIFE OI Uhannes	10	1922
6. DATE OF BIRTH (month, day, and year) Quys. 22-1868	I last saw hair aliva on Man 1 1923 des	ath is sald
7. AGE Years Months Pays If LESS than	to have occurred on the date stated above, at	
69 9 /2   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
2 Trade profession or particular		te of onsot
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc		11727
A Hade, profession, or particular, or particular with a few work done, as SPINNER, SAWYER, BOOKKEEPER, atc.  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date daceased last worked at this occupation (month and the same transfer or particular to the same transfer or particular to the same transfer or particular to the same transfer or particular transfer or particula		
10. Date daceased last worked at this occupation (month and year)  11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) Lleaware	Other Contributory Canses of Importance:	
(Stata or country)	Outro relevous	920
13. NAME VIII - Princell  14. BIRTHPLACE (city or town) - Lecture  (State or country)		
14. BIRTHPLACE (city or town)	Name of operation	
(State or country)	What test confirmed diagnosis? Was there an aulops	sy?
15. MAIDEN NAME Francis Cross	23. If death was due to external causes (VIOL ENCE) fill in also the following:	
15. MAIDEN NAME  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicida? Data of injury	19
( O	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT Ang: Condept Pour Co.	Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Control	Manner of injury	
Place Page . Date 5/7 ,1927	Nature of injury	
19. UNDERTAKER Yester Chamile	24. Was disaase or injury in eny way related to occupation of deceased?	
(Address)	If so, specify	
5-11 25 10- 12-1	(Signed) Munt Man	M. D
20. FILED 19 Registrar.	(Address) Malla la 14	-G

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address) ..... Marlles

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Exa	imple I		Example II	
The principal cause of death and related causes Date of ouset of importance were as follows:			The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	JUN 5	1027 1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU	V. July 5 1927	Peritonitis	3 days ago
-				
Other contributory causes of	f importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

2			
2	Length of residence in city or town where deat	h occurred	yrs. / 0
	(a) Residence: No. 112 Que	Du Puy En St (Usual place	reet of abode)
	PERSONAL AND STATISTIC	AL PARTI	CULARS
3. S	emple 4. COLOR OR RACE 5.	SINGLE, MARI OR DIVORCED	RIED, WIDOWED, (write the word)
	tf married, widowed, or divorced HUSBANO of (or) WIFE of Wife of Rol		
6. E	OATE OF BtRTH (month, day, and year)  GE Years Months	Days	1913
£. 71	23 11	8	1 dey,
OCCUPATION	kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. tindustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  20. Date deceased last worked et this occupation (month and year)	11, Total ti	me (years) nt in this spation
12.	(State or country)  MA	5	
ER	13. NAME BETNARD F.	BASEL	
FATH	14. BIRTHPLACE (city or town)	land	
ER	15. MAIDEN NAME Nettie	Teckins	
MOTH	16. BIRTHPLACE (city or town)	Avd	
17.	INFORMANT Hospotal V.	ecord	5
18,	MANAL, CREMATION, OR REMOVAL	Oate	5/10,193

20. FILED May 9 , 19 3 7

LAND-CERTIFICATE OF DEATH 5537

	(120
	Registration Dist. No. 202
	No. Kent and Queen Ann's General St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	death occurred in a norphran or institution, give its IVAIVIE instead of street and number? ds. How long in U.S. if of foreign birth?yrsmosds.
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
et	St., Ward.  If nonresident give city or town and State
LARS	MEDICAL CERTIFICATE OF DEATH
, WIDOWED,	21. DATE OF DEATH
ed	MAY (Month) (Day) (Year)
vy	22. I HEREBY CERTIFY, That I attended deceased from May 7 ,19.37, to May 5 ,19.37
913	I last saw h.e. alive on//Ay &
If LESS than	to have occurred on the date stated above, at
dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
	Recionalenteritis (colon) 5-6-31
٠	
(years) this	
on	Other Coutributory Causes of Importance:
	Name of operation Cesestomy Date of 5-7-37
	What test confirmed diagnosis? Operation Was there an autopsy?
	23. If death was due to external causes (VIOL ENCE) fill in also the following:
	Accident, suicide, or homicide? Oate of injury, 19
	Where did injury occur?
	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
1	Menner of injury
1.0, 1937	Nature of injury
/-	24. Was disease or injury in eny way related to occupation of deceased?
h)	If so, specify
2. L	0.05:1
richs	(Signed) Charleton, M. D. (Address) Charleton, M. D.
Registrar.	(Audiess)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	7	Example II	
The principal cause of death and related cause of importance were as follows:	Date of enset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC	IAN
---	-----

infor-	state	JUPA-	
tem of	should	JOO J	1
Every it	CIANS	ement o	
ORD.	HAZI	et stat	1
r REC	Y. F	Exac	
-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
IS A PEI	stated E	properly	TION is very important. See instructions on back of certificate.
HIS	pe	pe ]	o jo
IK-T]	plnous	t may	n back
NG IN	AGE	that	ions or
UNFADI	pplied.	terms, so	instruct
TITH.	ully su	plain	t. See
VLY, W	e caref	ATH in	nportan
PLAN	d bluo	F DE.	very in
RITE	ion sh	USEC	si N
M	mat	CA	TIC

STATE OF MARYLAND—	CERTIFICATE OF DEATH 5538
1. PLACE OF DEATH	92-71
County Kent	Registration Dist. No. 283
Village or City Rock Hall	NoSt.,Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)  death occurred in a horpital or institution, give its NAME instead of street and number)  death occurred in a horpital or institution, give its NAME instead of street and number)  death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME  (a) Residence: No.  (b) Rock   fall (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  5. SINGER, MARRIED, WIDOWAD, OR STUTTED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, with sectionalistated HUSBAND of Contract Sussen Leen	22. I HEREBY CERTIFY, That I attended deceased from 3/30 ,1937 ,to 57.9 ,19 <sup>3</sup> ?
6. DATE OF BIRTH (month, day, and year) 7 /865	I last saw h alive on 7. 4 1937 ; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 12 30 A.m.
72-   1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Oate deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town) (State or country)  22. In the profession, or particular and support the profession of the professi	Graphe Bronchilis  chronic endocondition Devation Reskinown.  Chronic myocarchitic Devation Indenocon.  Other Contributory Causes of importance:
13. NAME  14. BIRTHPLACE (city or town)  (State or country)	Name of operation Date of
15. MAIDEN NAME Not Known	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?
17. INFORMANT Susan Leen (Address) Rock / Hall had	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE,
18. BURIAL, CREMATION, OR REMOVAL Place Complete Date	Manner of injury
19. UNDERTAKER Ralph H. Usellong (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 1/24 / 1., 1987 Mar. 7. 13 Duranie	(Signed) Gellert G-Burgard M. D.  (Address) Port Hall high

If more blanks are needed, address State Registrat, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

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Arteriosclerosis RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage UN 2 1937	July 5, 1927	Perilonilis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

# STATE OF MARYLAND-CERTIFICATE OF DEATH

STATE OF I	MANILAND	CERTII ICATE O	DEVIII	7000
1. PLACE OF DEATH		(46-6)	21	1/
County / Cent	03		Registration Dist. No.	
Village or City Still Co	nd ma	No.	St.,	Ward
Length of residence In city or town where death on	1 100 1 10	death scurred in a hospital or justitution, How long in U.S. if of for	eign birth?	number)
2. FULL NAME MASSIE	Huchelk			
114	1.		cify WAR	
(a) Residence: No.	sual place of abode)	St.,Ward.	If nonresident give city or town an	d State
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CER	TIFICATE OF DEATH	
	GLE, MARRIED, WIDOWED. DIVORCED (write the word)	21. DATE OF DEATH	may 21	102 7
	married	(1	Month) (Day)	(Year)
Ta. If married, widowed, or divorced HUSBAND of (or) WIFE of	Hocketh	22. THEREBY	ERTIFY has lattende	d deceased from
- Contract	1.	M Maria	caro unulla	0 000
6. DATE OF BIRTH (month, dey, end yeer)	moun	I lest saw h. elive on	72000	; deeth is said
7. AGE 55 Yeers Months	Oeys If LESS then 1 dey,hrs.	to have occurred on the dete steted ab The PRINCIPAL CAUSE OF DEATH a		
anyond be	ordmin.	were es follows:		Oate of onset
8. Trede, profession, or particuler kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	, /	Warringer		1935
9. Industry or business in which	mull hall	Langerine D	Storned -	
SAW MILL, BANK, etc.	· Orga	A Comment of the comm	,	
10. Date deceesed last worked at this occupation (month and	11. Totel time (years) spent in this			
year)	occupation	Other Coutributory Causes of importen	ce:	
12. BIRTHPLACE (city or town)	lamy	en pois		
(Stete or country)	+P	malgasline		1936
13. NAME ACCOUNTS	miles	,		
(Stete or country)	y- C0	Name of operation		
A 1 /	0 70	Whet test confirmed diagnosis?		
15. MAIOEN NAME (Cachell 16. BIRTHPLACE (city or town) (State or country)	ta welles	23. If death was due to externel causes		
16. BIRTHPLACE (city or town) (State or country)		Accident, suicide, or homicide?	Date of injury	, 19
Here no House	hott	Where did injury occur?	Specify city or towo, county and St	ate)
17. INFORMANT (Address)	the Mark	Specify whether injury occurred in IN	OUSTRY, IN HOME, or IN PUBLIC P	LACE.
18. BURIAL, CREMATION, OR REMOVAL	aucy porton	Manner of injury		
Plece + ountain Indicate	may 24, 1937	Neture of injury		
BN 5-01		24. Wes diseese or injury in eny wey r	eleted to occupation of deceased?	
19. UNOERTAKER (Address)	und Jud	If so, specify	1	
Mar 2-14 374 12 60	Carla	(Signer Trent )	Jull Los	m.D
20. FILEO 104 14 , 19 / 1	Registrar.	(Address)	steetawa 5	uf

V. S. No. 1

ARGIN RESERVED FOR BINDING

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis   RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage JUN 5 1937	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year


See instructions on back of certificate.

TION is very important.

PHYSICIANS should state

of OCCUPA.

# STATE OF MARYLAND-CERTIFICATE OF DEATH

p-	p-	#	11
1	14	4	11
3	U	1	1

1. PLACE OF DEATH	(%Q-Q)
County Kent	Registration Dist. No. 200
0 14	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
	osds. How long in U.S. if of foraign birth yrsmosds.
2. FULL NAME Jennie M. Jones	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Themsel	21. DATE OF DEATH  May 27, 1937  (Month) (Day) (Year)
5a. If married, widowed, or divorced . Junes .  HUSBAND of Mm	22. I HEREBY CERTIFY. That I attended deceased from  1927, to May 27 1937.
6. DATE OF BIRTH (month, day, and year) Qcf. 29, 1867	I last saw han alive on May 27 9 , 1927 ; daeth is said
7. AGE Yaars Months Days If LESS than 1 day,hrs ormin,	were as follows:
8 Trade profession or particular	Cerebral Hernomhoge Detectores
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date decased last worked at this occupation (month and	
10. Date decaased last worked at this occupation (month and yaar) 11. Total tima (years) spant in this spant in this occupation 12. BIRTHPLACE (city or town) Phula;  (Stata or country)	Other Contributory Causes of Importance;  Orlaries Sclauses
13. NAME David 13. 13aber.  14. BIRTHPLACE (city or town)	Name of operation Date of  What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Sarah Loreke  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT Juseph. Junes.	Accident, suicide, or homloida?
(Addrass) millingtin. Md.  18. BURIAL, CREMATION, OR REMOVAL  Placa Millingtin. Md. Date May 30, 193;	Manner of injury
19. UNDERTAKER John a. John + Sur- (Address) millingline met.	24. Was disease or injury in any way related to occupation of daceased?
20. FILED \$\frac{1}{2}\int_{\text{, 19??}} \text{Registrar.} \text{Registrar.}	(Signad) M. D.  (Address) M. D.  (Address) M. D.  (Address) No. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onsel	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis The First E. D.	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
LINEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year

PHYSICIANS should state Exact statement of OCCUPA-UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforstated EXACTLY. properly classified. FOR BINDING ARGIN RESERVED be AGE should be TION is very important. See instructions on back of CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. WRITE PLATILY,

V. S. No. 1

certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 5541
1. PLACE OF DEATH	942
County / Kisset County.	A Registration Dist. No. 202
Village or City 105 5. Front St.	held for lown St., Ward
Length of residence in city or town where death occurredyrsmos	death occurred in a hospital of institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Same Matthews March	If U. S. Veteran, specify WAR
(a) Residence: No. Chutushin Ind.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH May 30 ,193 3 7 (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Butha Hachelt Herocomb	22. HEREBY CERTIFY, That I attended deceased from 29, 19, 37, to the any 30, 19, 37
6. DATE OF BIRTH (month, day, and year) Fel. 18 1890	I last saw h La alive on May 30, 19.37; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
47 3 20 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	Coron con Throm boses Oate of oneet
kind of work done, as SPINNER, Back Brugers.	2uxde
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Oata decaased last worked at this ceveration (mostly and	
10. Oata decaased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Hegy Worton (State or country)	Other Contributory Causes of importance: Le bit
The state of the s	from a fall
13. NAME W Wilmu Sculeonto  14. BIRTHPLACE (city or town) Hear Warning	Name of operation Date of
(State or country) Cecil Co. Ind	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME alice Matthews	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME alice Matthews  16. BIRTHPLACE (city or town) . Asag Olica  (State or country)	Accident, suicide, or homicide?
(State or country)	Where did injury occur?
17. INFORMANT The Butha Hackett hear of	(Specify city of town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Marker lim Oate Jung 2, 1937	Nature of injury
19. UNDERTAKER Magvin V. Williams (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED June 2, 1937 N.J. Necky Registrar.	(Signed) M. D.
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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İ	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1315	Attack of epilepsy	1 week ago
>1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
May 1923	Other contributory causes of importance:  Gastroen teritis	1 year
	1815 1921 July 5, 1927	of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

B.—WRITE

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	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
	PL	onle	FI	ery
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# STATE OF MARYLAND-CERTIFICATE OF DEATH

2	1	11	1)
0	C	4	6

1. PLACE OF DEATH	11-0
County_Kent	Registration Dist. No. 202
Village or City Chestatour, na	No. Kout of Queen armer Conered Harrenger
(If Length of residence in city or town where death occurredvrsmos	death occurred in a hospital or institution, give its NAME instead of street and number)  H9 ds. How long in U.S. if of foralgn birth?yrsmosds.
2. FULL NAME John William Pierce	
(a) Residence: No. Rode Hall, md	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
male white widowed	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. J HEREBY CERTIFY, That I attended deceased from
(or) WIFE of unknown	Quaris 4 1937 to 5 28 1937
6. DATE OF BIRTH (month, day, and year) A 11 0 3-1 8 76	Hast saw h. 1 M. alive on May 28 , 1927; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
60 10 2H 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	groppy, broughts
A. Hade, professing, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10, Date deceased last worked at this occupation (month and	Broisers Trumones
work was done, as SILK MILL, SAW MILL, BANK, etc	Palmonars Jangres.
10. Date deceased last worked at this occupation (month and spent in this	
year) occupation	Dther Cantributory Causes of Importance:
12. BIRTHPLACE (city or town) East Nick Baland	Control Control of the Property of the Propert
(State or country) Rept Co., Maryland	
14. BIRTHPLACE (city or lown)	
14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Elizabeth J. Johnson 16. BIRTHPLACE (city or town) Keat Company (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Oate of Injury, 19
11 1.8-1 10 10	Where did injury occur?  (Specify city or town, county and State)  Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
17. INFDRMANT (Address)	Specify whether injury occurred in twooster, in nome, or in public PEACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of Injury
Place Willing Chapill Can Date 5/3/, 1937	Nature of injury
19. UNDERTAKER Calph / Stilling	24. Was disease or injury in any way related to occupation of deceased?
(Address) (Chesteston 72)	If so, specify
20. FILED May 3/ 1937 W.J. Streks	(Signed) Willeart G. Burya d. M. D.
Registrar.	(Address) Tock Hall Und'

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SEAU V. S.			
Other contributory causes of importance:	W-199	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

# STATE OF MADVI AND CEDTIFICATE OF DEATH

1. PLACE OF DEATH		(B)	n 4
odding	A	Registration Dist. No. 2	-1
	elaco x	NoSt.,_ death occurred in a hospital or institution, give its NAME instead of street an	d number)
Length of residence in city or town where	leath occurredyrsmos	ds. How long in U.S. if of foreign birth?yrs	_mosd:
2. FULL NAME Man	hall // me	If U. S. Veteran, specify WAR	
(a) Residence: No.	(Usual place of abode)	St., Ward.  If nonresident give city or town a	and State
PERSONAL AND STATIST	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH MAN 6	1037
male eat	weeks	(Month) (Day)	(Year)
is. If married, widowed, or divorced HUSBAND of (or) WIFE of Kills Rue	ouce beaut.	22. I HEREBY CERTIFY, That I attend	> 1
6. DATE OF BIRTH (month, day, and year)	prel 25	I last saw h. alive on 3 months 19	: death is sal
7. AGE Years   Months /	Days If LESS than	to heve occurred on the data stated above, at 34. m.	
75 0	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causas of importance were as follows:	Date of onse
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Les le bores		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.  10. Data deceased last worked at this occupation (month and		- Ammallation	19.37
SAW MILL, BANK, etc  10. Data deceased last worked at this occupetion (month and 13 & 2)	11. Total tima (yaars) spent in this occupation		
12. BIRTHPLACE (city or town)	Occupation	Other Contributory Couses of importance:	
(State or country)	Co. ned	Chrone / hyogration	1930
13. NAME Track	unce	Claralysis of Melle	1937
14. BIRTHPLACE (city or town) (State or country)	Curry Sal	Nama of operation Date of	
(otate of country)		What test confirmed diagnosis? Was there a	
15. MAIDEN NAME  16. BIRTHPLACE (city or town)	when	23. If deeth was due to external ceuses (VIOLENCE) filt in also the follow Accident, suicide, or homicide? Data of Injury	
(State of Country)	go ma	Where did injury occur?(Specify city or town, county and S Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	State)
17. INFORMANT (Address)	- may	oposity massion injury occurred in Interestri, in nome, of in Public	I ENUE.
18. BURIAL CREMATION, OR REMOVAL	Date May 8 1937	Manner of Injury	
	/	Nature of Injury	
19. UNDERTAKER (Address) Research	entry	24. Was disease or injury in any way related to occupation of deceased?  If so, specify	D
20. FILED May 7 1937 5	of Lund	(Signed) 2 nauk W Suult la	Konos.

CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. WRITE PLAMLY, V. S. No. 1

UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

ARGIN RESERVED FOR BINDING

stated EXACTLY. properly classified.

pe

AGE should be

PHYSICIANS should state Exact statement of OCCUPA-

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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	Example I	t t	Example II	
The principal cause of importance were a Arteriosclerosis	f death and related causes follows: CEIVED	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial neph	rilis JUI: 4	1921	Run over by street car	1 week ago
Cerebral hemorrhage	301. 4	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.	14		
Other contributory ca	nuses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH	5.5.4.4
1. PLACE OF DEATH	(81)	5544
County Kent	Registration Dist. No. 20	12
Village or City Chestertown	No. Kert + Queen Anns General St.	Ward
Length of residence in city or town where death occurred vrs. vrs. vrs. mos	death occurred in a horpital or institution, give its NAME instead of street and	number)
2. FULL NAME MABE 2 WAZZAGE	Towns and the country of total and the country of the country of total and the country of the country of total and the country of the country of total and the country of total and the country of t	osus.
	V CA Wand	
(a) Residence: No. Ches Terville (Usual place of abode)	St., Ward.  If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Temple White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  May  (Month)  (Day)	, 193 7 (Tear)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended	deceased from
(or) WIFE of	May 11 (1100 AM) 1937 to May 11 65-10	P/2 1937
6. DATE OF BIRTH (month, day, and year) July 30, 1923	I last saw her alive on May //	_; death Is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 500 m.	
13 1 1 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:	Data of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	3ª degree hums of body	5-11-37
9. Industry or business in which work was done, as SILK MILL,		-
kind of work done, as SPINNER.  SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et this occupation (month end year)  year)  occupation		-
M(i)	Other Contributory Causes of importance:	
(State or country)	*	
	Three .	
I	No. of an article	
(State or country)	Name of operation Date of What test confirmed diagnosis? Was there an a	
15. MAIDEN NAME Be-tha Dixon	What test confirmed diagnosis? Was there an e	
15. MAIDEN NAME  Be-Ha Dixon  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Accident Date of injury 5-1	
(State or country) PENNSY LANCA	Where did injury occur? Home - Chesterville.	Kent Co.
17, INFORMANT HOSPIETAL records	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL.	ACE.
(Address) Chester to way Md.	Home	
18. BURIAL, CREMATION, OR REMOVAL Place Mule ton, md. Date Muy. 15, 1937	Manner of injury 3 degree lum ory whole body man AN	kles to star
19. UNDERTAKER John G. Tolin 48 (Address) millington mel.	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED may 10, 1937 Om J. Nicks Registrar.	(Signed ) Smith loss (Address) Chestertaron RR	man M. D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death-and-related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 5545
1. PLACE OF DEATH	
County /Kent	Registration Dist. No. 202
Village or City Chesture	NoSt., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Charles Wickes Whola	
(a) Residence: No. A 2 of 2 of 0 to 21 2les	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
M. 4. COLOR OR RACE 5. SINCE, MARRIED, White word)	21. DATE OF DEATH  (Mon(h) (Day) (1937  (Year)
Jennie B. Wholand	22. RIBERT CERTIFY. That I attended deceased from 1937, to 1937
6. DATE OF BIRTH (month, dayand year) Cet, 14, 1849	I last saw h he elive on way (193); death is said
7. AGE Years Months Deys If LESS than	to have occurred on the date steted above, at 1/25.5. P.m.
87 6 22 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	ff good Shoul
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et   11, Total tima (years)	protuce and carago my
work wes done, as SILK MILL, SAW MILL, BANK, etc.	N1 74
10. Date deceased last worked et this occupation (month and spant in this	
year) occupation	Other Contributary Causes of importance:
12. BIRTHPLACE (city or town) Cheslulous	A. L. James
(State or country) manyland	Notre & Cleroses por
14. BIRTHPLACE (city or town) Kent Co.	
14. BIRTHPLACE (city or town) Kent Co.	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy
I 15. MAIDEN NAME Trace Eliza Ramp	23. If death was due to external ceuses (VIOL ENCE) fill in also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Date of injury 19 19
17. INFORMANT Ma. Chap. W. Whaland	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place all St. Pauls Charley Date 5/9, 1937	Nature of Injury
19. UNDERTAKER Relph H. Mailton (Address) Obesterland mil	24. Was disease or Injury In any way related to occupation of deceesed?
20. FILED May 8, 1937 MJ. Dietis	(Signed) M. D.  (Address) (a and ) Arriva Mely
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	i	Example II	
The principal cause of importance were a Arteriosclerosis	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nepi	nilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	JUN 3 1937	July 5, 1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
		<u> </u>		

ADDITIONAL S	PACE F	FOR 1	FURTHER	STATEMENTS	BY	PHYSICIAN
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-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
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STATE O	F MARYI	LAND-CER	TIFICATE	OF	DEATH
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1. PLACE OF DEATH ,	(£g)
County Hent	Registration Dist. No. 202
Village or City Worten Masson	No. St. Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrsm	nosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Isadora Wooden	
(a) Residence: No. Worting M.d. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH May J.5 , 193 7 (Yeer)
Se. If married, widowed, or divorced HUSBAND of (or) WIFE of Walter A. Woodin	22. I HEREBY CERTIFY, Thet I attended decessed from
6. DATE OF BIRTH (month, dey, end yeer) Aks. 21 18 75	I last saw her alive on 5 - 25 19 27: death is seid
7. AGE Yeers Months Deys If LESS then	to have occurred on the dete stated ebove, et_ \( \alpha \) am,
/ 1 dey,hr	S. The PRINCIPAL CAUSE OF DEATH end related causes of importance
	were as follows: Date of onest
8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	2000000
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	boma
this occupation (month by 193)  11. Total time (yeers) spent in this occupation with the spent in the spent i	
12. BIRTHPLACE (city or town) Barresville (Stete or country) Bellement Co., Ohio	Other Contributory Causes of importance:
13. NAME Theodore Brown  14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Neme of operation Dete of
(State of country)	What test confirmed diagnosis? Wes there en eutopsy?
15. MAIDEN NAME Mary Suff	23. If deeth was due to external causes (VIOL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of Injury19
(State or country) this	Where did injury occur?
17. INFORMANT Walter A Woodin (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Mustan ling Date May 27, 193.	Neture of injury
19. UNDERTAKER Many f. Williams	24. Wes disease or injury In any way related to occupation of deceased?
20. FILED May 27, 1957 W J Hecks	(Signed) Dollerono M. D.
Registrar.	ar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	$\mathbf{B}\mathbf{Y}$	PHYSICIAL	N
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